



Creative Communications & Marketing Solutions

www.AGroupOnline.com

215-723-8422

CLIENT INFORMATION WORKSHEET

Name of Company or Organization: _____

Legal Name (if different from above): _____

Main Phone Number: _____

Fax Number: _____

Mailing Address:

City: _____ State: _____ Zip: _____

Billing Address (if different from Mailing address):

City: _____ State: _____ Zip: _____

Primary Contact Information:

Name: _____

Title: _____

Phone: _____

E-mail Address: _____

Secondary Contact Information:

Name: _____

Title: _____

Phone: _____

E-mail Address: _____

Please complete and fax to 215-723-6421. Thank you!